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Institutionally Acquired Infections

A Resume

HAROLD J. SIMON, M.D., Ph.D., Palo Alto

THE THIRD National Conference on Institutionally Acquired Infections was held at the University of Minnesota in Minneapolis under the auspices of the University of Minnesota School of Public Health, the Communicable Disease Center, and the Division of Hospital and Medical Facilities of the United States Public Health Service. The three day symposium from September 4 through September 6, 1963, concerned itself with environmental, laboratory, epidemiological, legal and surveillance aspects of infection control in hospitals.

A complete summary of the Proceedings of the Conference will be published in the near future under the auspices of the Communicable Disease Center. This publication will form the latest addition to the set of previously published documents emanating from the conferences held in 1958 and 1961.

The primary purpose of this abbreviated resume is to call attention to several aspects of infection control which have received renewed emphasis by national and international events occurring in the recent past. These aspects are deemed of interest and importance to physicians in hospital and

SOME MAJOR PROBLEMS AND SUGGESTED SOLUTIONS

Although staphylococcal infections are generally deemed the most common and most important institutional problems, recent developments in the fields of environmental hygiene, newer antimicrobials, specific measures designed to reduce or eliminate staphylococcal colonization of newborn infants, greater general awareness and acceptance of the problem, and more precise information concerning nosocomial infections have served to lessen somewhat the hazard of staphylococcal infections while at the same time emphasizing the need for attention to other nosocomial infection problems.

Gram-negative bacillary infections are very much on the increase in both incidence and severity. Elderly, debilitated patients, those requiring catheterization of the urinary bladder, and those hospitalized with malignant diseases requiring treatment with immunosuppressive drugs are particularly at risk from this severe complication. It has been shown, for example, that between 6 and 30 per cent of all hospitalized female patients have bacteriuria. In 45 per cent of these instances, bac-

private practice, to hospital administrations, and to the governing bodies of state and county medical societies.

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Prepared at the request of the Executive Committee of the Scientific Board.



For information on preparation of manuscript, see advertising page 2

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EDITORIAL

An Outstanding Annual Session Program

In ITS FIRST major effort the Committee on Scientific Assemblies of the California Medical Association's recently formed Scientific Board has strongly advanced two of the principal purposes for which the Board was organized. It has forged a program for the 1964 Annual Session of the California Medical Association that will at once put proper emphasis on the educational aspects of our organization and draw together the divergent interests of the various fields of medicine. The outstanding quality of the program surely will bring to it the attention it deserves; and the central theme—Immunology—is one that makes a meeting place for virtually all branches of medical thought and practice.

A listing of the program for the general meetings alone should arouse the interest of forward-looking physicians and make them turn their thoughts toward finding a way to attend the California Medical Association's Annual Meeting in Los Angeles, March 22 to 25.

FIRST GENERAL MEETING Sunday, March 22

BIOLOGICAL BASIS OF IMMUNOLOGY

2:00—The Thymus in Immunology—ROBERT A. GOOD, M.D., American Legion Memorial Heart Research, Professor of Pediatrics and Professor of Microbiology, University of Minnesota Medical School, Minneapolis, by invitation.

2:40—Panel Discussion—

Moderator: Sidney Raffel, M.D., Professor and Executive, Department of Medical Microbiology, Stanford University, Stanford, by invitation.

Panelists: RAY D. OWEN, Ph.D., Chairman, Division of Biology, California Institute of Technology, Pasadena, by invitation.

FRANK J. DIXON, M.D., Head, Division of Experimental Pathology, Scripps Clinic and Research Foundation, La Jolla, by invitation.

ROBERT A. GOOD, M.D., Minneapolis, by invitation.

3:20—The Pathogenic Mechanisms Operative in Immunologic Reactions—FRANK J. DIXON, M.D., La Jolla.

4:00—Panel Discussion—

Moderator: H. Hugh Fudenberg, M.D., Associate Professor of Medicine, School of Medicine, University of California, San Francisco, by invitation.

Panelists: DAN H. CAMPBELL, Ph.D., Professor of Immunochemistry, California Institute of Technology, Pasadena, by invitation.

FRANK J. DIXON, M.D., La Jolla. ROBERT A. GOOD, M.D., Minneapolis.

SECOND GENERAL MEETING Monday, March 23

TISSUE TRANSPLANTATION

2:00—(Title of paper to be announced)

JONATHAN W. UHR, M.D., Associate Professor of Medicine and Director, Irvington House Institute for Rheumatic Fever and Allied Diseases, New York University School of Medicine, New York City, by invitation.

2:40—Panel Discussion—

Moderator: WILLARD E. GOODWIN, M.D., Professor of Surgery, University of California School of Medicine, Los Angeles.

Panelists: CHARLES G. CRADDOCK, M.D., Professor of Medicine, University of California School of Medicine, Los Angeles.

JONATHAN W. UHR, M.D., New York City. JOSEPH E. MURRAY, M.D., Boston.

3:20—Mechanism of Action of Immunosuppressive Drug Therapy in Kidney Transplants—Joseph E. Murray, M.D., Assistant Clinical Professor of Surgery, Harvard Medical School; and Senior Associate in Plastic Surgery, Peter Bent Brigham Hospital, Boston, by invitation.

4:00—Panel Discussion—

Moderator: Ernest Jawetz, M.D., Professor of Microbiology, University of California School of Medicine, San Francisco.

Panelists: John S. Najarian, M.D., Assistant Professor of Surgery, Director of Research Laboratories, University of California School of Medicine, San Francisco, by invitation.

JONATHAN W. UHR, M.D., New York City. JOSEPH E. MURRAY, M.D., Boston.

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